PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

maintenance fee nonfication	ons.	nerwise in Block I, by (a) specifying a new corre	spondence address; and	or (b) indicating a sep	parate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block ! for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying		
				ers. Each additional pare its own certificate of r	er, such as an assignme	ent or formal drawing, must
7590 04/09/2008						
Elizabeth Robin			I he Stat	I hereby certify that this Fee(s) Transmittal is being deposited with the United		
Wolf, Greenfield & Sacks, P.C. 600 Atlantic Ave. Boston, MA 02210				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.
10/024,607 11/08/2001			Richard T. Lee		B0801.70231US00 6830	
TITLE OF INVENTION: N	METHODS FOR DIAC	GNOSIS OF CARDIOVA	ASCULAR DISEASE			
				Ţ-		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	МО	\$1440	\$300	\$0	\$1740	07/09/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
HISSONG, BRUCE D		1646	435-007100			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the p	10,	Wolf (Proportiold and
Change of correspondence address (or Change of Correspondence or agents OR, alternatively,						
Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to						
PTO/SB/47; Rev 03-02 Number is required.	or more recent) attache	ed. Use of a Customer	2 registered patent attor listed, no name will be	rnevs or agents. If no na	me is 3	
3. ASSIGNEE NAME ANI	O RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or type	ne)		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
The Brigham and Women's Hospital, Inc. Boston, MA 02115						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
☑ Issue Fee ☐ A check is enclosed.						
Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any						
Advance Order - # o	f Copies		overpayment, to Depos	authorized to charge the sit Account Number	e required fee(s), any de (enclose a	ficiency, or credit any n extra copy of this form).
5. Change in Entity Status						
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in						
interest as shown by the rec	ords of the United State	es Patent and Trademark	Office.	ie applicant; a registered	attorney or agent; or th	e assignee or other party in
Authorized Signature Janiec & Lathand Date July 2, 2008						
Typed or printed name Janice A. Vatland, Ph.D. Registration No. 52,318						
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						